

SID:	
MONTHLY	
QUARTERLY	

City of Dover, N.H. – Water & Sewer Billing POOL CREDIT APPLICATION

Name: **Mailing Address:			**Date:Phone:			
Dimensions of Pool:Water Capa			acity: (In gallons: 1 Hundred Cubic Feet=748 gallons)			
Meter	readings	before & after fil	lling the pool mu	ust be provide	d.	
Meter reading before:			Meter reading after:			
**Signature:			Signature:			
Customer	(Date)		Billing Office	(Date Rece	eived)	
		OFFICE U	SE ONLY			
		OLD RATE	NEW RATE [
CONSUMPTION (HCF):	Units	SISS	UED:Date	EMPLOYEE:	Initials	
POOL INFORMATION E	NTERED INTO	THE ACCOUNT				

^{*}This form must be filled out in order to receive a pool credit off your sewer. Only one pool credit is issued per year. Credits are given on your sewer usage. If you do not have city sewer you cannot receive a credit. All pool credit applications must be filed by September 1st. Please submit your application to utility@dover.nh.gov.